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08 MAY 20 PM 3:18  
EDWARD M. WILKINS  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

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MHP

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

vs.

Defendant.

CV 08 2103  
CASE NO.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

I, Corie McNoir, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$18.00 Net: \$18.00

Employer: Randy Green, Federal Medical Center, Post Office Box 1600,  
Butner, North Carolina 27509

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 None

5

6

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_ No ☒  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_ No ☒  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_ No ☒

14 d. Pensions, annuities, or Yes \_\_\_ No ☒  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_ No ☒  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 None

22

23 3. Are you married? Yes ☒ No \_\_\_

24 Spouse's Full Name: Marie McNaair by Common Law

25 Spouse's Place of Employment: None

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

None

5. Do you own or are you buying a home? Yes \_\_\_ No ✓

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes ✓ No \_\_\_

Make Cadillac Year 1988 Model Alante

Is it financed? Yes \_\_\_ No ✓ If so, Total due: \$ 0.00

Monthly Payment: \$ 0

7. Do you have a bank account? Yes \_\_\_ No ✓ (Do not include account numbers.)

Name(s) and address(es) of bank: None

Present balance(s): \$ 0

Do you own any cash? Yes \_\_\_ No ✓ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ✓

8. What are your monthly expenses?

Rent: \$ 0 Utilities: \$8.00

Food: \$ 10.00 Clothing: \$0.00

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

No

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes     No ✓

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

None

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

May 13, 2008

DATE

Corie Mc Nair

SIGNATURE OF APPLICANT

Note : Under the provision(s) of Article 7 to the Universal Declaration of Human Rights, I, Corie Mc Nair, invoke my right as an independent citizen of the United States of America, to fully exercise my liberty to have my Civil complaint against the members of the San Francisco Police Department heard by members of the Public in the process of a Jury trial, free of charge. For the reason stated above, I have chosen to complete this document entitled: CERTIFICATE OF FUNDS IN PRISONER ACCOUNT. Therefore, if any funds are going to be subtracted from my Prisoner Commissary Account, I intend for my right to a fair and public trial/hearing in accordance with Article 7 to the Universal Declaration of Human Rights, entirely.

Case Number: CY08-02103 MPH

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Corie McNoir for the last six months

Federal Medical Center where (s)he is confined.  
[prisoner name]  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 127.80 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 1.50.

Dated: 5/14/08

Charles R. Huber, Case Manager  
[Authorized officer of the institution]

**Inmate Inquiry**

<b>Inmate Reg #:</b>	93265011	<b>Current Institution:</b>	Butner FCC
<b>Inmate Name:</b>	MCNAIR, CORIE	<b>Housing Unit:</b>	BUH-11-A
<b>Report Date:</b>	05/14/2008	<b>Living Quarters:</b>	H01-4151
<b>Report Time:</b>	9:47:17 AM		

[General Information](#) | 
 [Account Balances](#) | 
 [Commissary History](#) | 
 [Commissary Restrictions](#) | 
 [Comments](#)

**General Information**

Administrative Hold Indicator: No  
 No Power of Attorney: No  
 Never Waive NSF Fee: No  
 Max Allowed Deduction %: 100  
 PIN: 6740  
 PAC #: 386784151  
 FRP Participation Status: No Obligation  
 Arrived From: BUX  
 Transferred To:  
 Account Creation Date: 6/17/2004  
 Local Account Activation Date: 6/7/2006 7:19:12 AM  
  
 Sort Codes:  
 Last Account Update: 5/12/2008 3:18:28 PM  
 Account Status: Active  
 Phone Balance: \$0.21

**FRP Plan Information**

FRP Plan Type	Expected Amount	Expected Rate
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**Account Balances**

Account Balance: \$0.37  
 Pre-Release Balance: \$0.00  
 Debt Encumbrance: \$0.00  
 SPO Encumbrance: \$0.00  
 Other Encumbrances: \$0.00  
 Outstanding Negotiable Instruments: \$0.00  
 Administrative Hold Balance: \$0.00  
 Available Balance: \$0.37  
 National 6 Months Deposits: \$127.80  
 National 6 Months Withdrawals: \$127.97  
 National 6 Months Avg Daily Balance: \$1.50  
 Local Max. Balance - Prev. 30 Days: \$18.22  
 Average Balance - Prev. 30 Days: \$1.89

## Commissary History

### Purchases

Validation Period Purchases: \$14.85  
 YTD Purchases: \$146.29  
 Last Sales Date: 5/12/2008 3:18:28 PM

### SPO Information

SPO's this Month: 0  
 SPO \$ this Quarter: \$0.00

### Spending Limit Info

Spending Limit Override: No  
 Weekly Revalidation: No  
 Bi-Weekly Revalidation: No  
 Spending Limit: \$290.00  
 Expended Spending Limit: \$14.85  
 Remaining Spending Limit: \$275.15

## Commissary Restrictions

### Spending Limit Restrictions

Restricted Spending Limit: \$0.00  
 Restricted Expended Amount: \$0.00  
 Restricted Remaining Spending Limit: \$0.00  
 Restriction Start Date: N/A  
 Restriction End Date: N/A

### Item Restrictions

List Name	List Type	Start Date	End Date	Active
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## Comments

### Comments:



Corie McNair # 93a65-011  
Federal Medical Center  
Post Office Box 1600  
Butner, North Carolina  
27509

**BUSINESS REPLY MAIL**

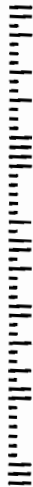
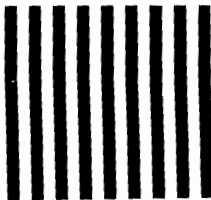
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